



Regional Behavioral Health Authority (RBHA)
Instructions for Completing the
Residential Treatment Center (RTC) Review Tool

The *RTC Review Tool* is designed to determine if Level I RTCs are providing services consistent with the service expectations outlined in the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) Practice Protocol *Children's Out of Home Services*.

Reviews of each RTC should be conducted at a minimum of once annually and is the responsibility of the RBHA in which the RTC is geographically located (i.e., designated RBHA). The designated RBHA should have a minimum of one Quality Management and one Clinical Operations representative conduct these reviews.

The review tool is comprised of two parts, a chart review and an interview of RTC staff. Only one interview with an RTC staff person needs to be conducted for each residential service provider. The sample for the chart review should be comprised of all children/youth of the designated RBHA who have received Level I RTC services within the past 6 months, including those currently receiving Level I RTC services.

At the beginning of the *RTC Review Tool* is a demographic section the reviewer must complete. The Child and Adolescent Service Intensity Instrument (CASII) score recorded should be the most recent one entered in the file. Date of Discharge may be indicated as Not Applicable (N/A) if the child/youth is still receiving RTC services at the time of the review.

Part 1 of the *RTC Review Tool* is a chart review which evaluates five components related to providing quality care for children and youth receiving RTC services:

- Assessment and Evaluation
- Active Treatment
- Family Involvement
- Cultural Competence
- Discharge Planning

Most questions in this section can be answered with a Yes or No response; Not Applicable (N/A) is available for some questions. Most of the questions also provide an opportunity for the reviewer to add comments to their answers. The comment section can be used to clarify answers or note any unusual factors or circumstances associated with the questions.

Part 2 of the *RTC Review Tool* involves an interview with the RTC clinical lead. Only one of these interviews needs to be completed per RTC review. This interview consists of four Yes/No questions and four open-ended questions which provides an opportunity for a more detailed response.

Completing the RBHA Quarterly Protocol Monitoring Report

Results from each RTC reviewed during a quarter must be compiled using the *RBHA Quarterly Protocol Monitoring Report: Children's Out of Home Services—RTC Review Tool* and submitted to ADHS/DBHS on a quarterly basis. These quarterly reports will be utilized to monitor each agency's adherence to the required elements in the ADHS/DBHS Practice Protocol *Children's Out of Home Services*.

Each RTC reviewed should be listed along with the date of the review and the number of clinical files reviewed. Quantitative results are tabulated as the percentage of total "yes" responses for all of the questions under each of the six components. For example, under the first component *Assessment and Evaluation*, there is a potential of 10 total "yes" responses. Therefore, the percentage of total "yes" responses under this component would be calculated as:

$$\frac{\text{Total number of "yes" responses on all clinical files reviewed} \times 100}{\text{Total number of charts reviewed} \times 10}$$

Qualitative results should be listed as strengths and areas identified for improvement for each RTC.

Finally, RBHA-level trends, barriers, and improvement efforts for RTCs should be documented in the table provided.

Completed monitoring reports should be submitted by the 15th day after the end of the quarter to the following:

ADHS/DBHS

Attn. Karla Schaff

150 N 18th Avenue, Suite 220

Phoenix AZ 85007-3228

(or electronically to: SCHAFFK@azdhs.gov)

Please attach copies of the review tools completed during the quarter. This information will be provided to the ADHS/DBHS Utilization Management Department.

Residential Treatment Center (RTC) Review Tool

Provider: _____
Review Date: _____
Reviewers: _____

CASII Score: _____
Date of Admission: _____
Date of Discharge (if applicable): _____

PART 1: Chart Review (complete one form for each child)

I. Assessment and Evaluation	Yes	No	N/A	Comments:
1. A medical evaluation for this admission is present in the record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date medical evaluation was completed: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. A psychiatric evaluation for this admission is present in the record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date psychiatric evaluation was completed: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. The psychiatric evaluation is sufficiently comprehensive for the development of treatment recommendations and addresses at a minimum the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>a) Mental Health History</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>b) Medical History</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>c) Developmental History</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>d) Substance Use History</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>e) Mental Status Exam</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>f) Psychosocial Needs</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>g) Vocational/Educational Needs</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>h) Legal Issues</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
II. Active Treatment	Yes	No	N/A	Comments:
1. A treatment plan is present in the record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date initial treatment plan was completed _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. The treatment plan is comprehensive and at a minimum contains the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>a) The child's individualized needs related to his/her admission</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>b) Specific goals/objectives that address the child's individualized needs related to his/her admission</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>c) Specific treatment interventions that address the child's goals/objectives</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Residential Treatment Center (RTC) Review Tool

<i>d) Discharge planning that prepares the child and family for the child's return to home or community as quickly as possible</i>				
3. If the child has been prescribed any new psychotropic medication during the review period, the record includes documentation of informed consent and specific target symptoms for each psychotropic medication				
4. If the child was involved in a seclusion and/or restraint, there is evidence that:				
<i>a) The family was notified of the episode</i>				
<i>b) The Child and Family Team (CFT) was notified of the episode</i>				
<i>c) The child's treatment team debriefed with the child and family after the episode</i>				
<i>d) The treatment plan was updated to reflect any necessary changes to prevent further seclusion and restraint</i>				
5. The treatment plan is reviewed and updated as needed, but at a minimum every 30 days				
6. There is documentation related to the child's progress in achieving his or her treatment goals				
7. Frequency of visits by psychiatrist:				
8. Frequency of visits by therapist:				
9. There was an active CFT in place at the time of admission to the RTC -OR- a CFT was formed within 30 days while the child was in the RTC				
10. The RTC treatment team joins and participates in the CFT				
11. The RTC program engages in active treatment planning as part of the CFT to prepare the child for transition back to home or community				
12. The RTC Treatment Plan is in alignment with the CFT's Service Plan				
III. Family Involvement				
	Yes	No	N/A	Comments:
1. There is evidence that the family/guardian were actively engaged to participate and involved in decisions in the following aspects of the child's care:				
<i>a) Assessment</i>				

Residential Treatment Center (RTC) Review Tool

<i>b) Treatment Development</i>				
<i>c) Treatment Service Provision</i>				
<i>d) Discharge Planning</i>				
2. The RTC program offers family therapy				
3. There is evidence that family therapy was initiated or that attempts were made to initiate in a timely manner				
4. There is evidence that CFT meetings are scheduled according to the family's availability				
5. There is evidence that the child and family have regular communication with each other outside of treatment sessions				
IV. Cultural Competence	Yes	No	N/A	Comments:
1. The assessment and service plans reflect the values, priorities, and cultural preferences of the child and family				
2. Services appear to be culturally responsive to the needs of the child and family				
3. Discharge and transition plans reflect identified community services and supports that are aligned with the child's strengths, needs, and cultural preferences				
4. The Strengths, Needs and Culture Discovery document developed by the CFT was utilized by the RTC in assessment, treatment planning and implementation				
V. Discharge Planning	Yes	No	N/A	Comments:
1. The discharge plan includes:				
<i>a) Specific skills and supports that the child needs to be successful upon return to the community</i>				
<i>b) Identification of the types and frequency of professional and support services needed upon discharge</i>				
<i>c) Realistic/quantifiable/measurable goals and objectives to inform when the child is discharge ready</i>				

Residential Treatment Center (RTC) Review Tool

<i>d) Evidence that the CFT is actively reviewing progress and discharge options</i>				
2. There is evidence that the family/guardian is provided with clear instructions on how to access services after discharge, including contact information				

PART 2: Interview with Program Staff (conduct one interview for each program)

Program Review	Yes	No	N/A	If yes, please describe:
1. Staff directly involved with the child's care receive regularly scheduled clinical supervision as well as event-driven supervision when necessary to ensure the provision of sound clinical treatment				
2. Staff have had training in positive behavior support				
3. Staff have had training in the Arizona Vision, 12 Principles and CFT Practice				
4. There is evidence that a psychiatrist is available 24 hours a day. Please explain their availability (i.e., by pager, hours on site)				
5. How do you welcome/orient children/families to your program?				
6. How do you support child/family communication and involvement?				
7. Describe areas of strength within the program:				

Residential Treatment Center (RTC) Review Tool

8. Describe any barriers within the program:

RBHA Quarterly Protocol Monitoring Report: *Children's Out of Home Services*—RTC Review Tool

GSA _____ Network (if applicable) _____ Fiscal Year: _____ Quarter: _____ # of Charts Reviewed During Quarter: _____

Name of RTC Reviewed	Date of Review	# of Charts Reviewed
1.		
2.		
3.		
4.		
5.		
6.		

QUANTITATIVE RESULTS						
Name of RTC	Assessment & Evaluation	Active Treatment	Family Involvement	Cultural Competence	Discharge Planning	Program Review

QUALITATIVE RESULTS		
Name of RTC	Areas of Strength	Areas Identified for RTC Improvement

RBHA Quarterly Protocol Monitoring Report: *Children's Out of Home Services*—RTC Review Tool

RBHA Practice Improvement Actions:

What trends were identified for the RTCs reviewed?

What barriers were identified for the RTCs reviewed?

What has the RBHA implemented to target areas that were identified for improvement for the RTCs reviewed?